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| Class                | Subclass |
| ISSUE CLASSIFICATION |          |

FILED UNDER 35 U.S.C. 371

**PATENT NUMBER**

## U.S. UTILITY Patent Application

|                                |             |
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| O.I.P.E.<br>1KW 310<br>SCANNED | PATENT DATE |
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|                              |                   |              |                |                  |                                      |
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| APPLICATION NO.<br>09/646553 | CONT/PRIOR<br>D F | CLASS<br>428 | SUBCLASS<br>55 | ART UNIT<br>1772 | EXAMINER<br><del>2154</del><br>Tommo |
|------------------------------|-------------------|--------------|----------------|------------------|--------------------------------------|

**APPLICANTS**

Levinson, method for practicing same, especially as a medical support activity.

PTO-2040  
12/89

**ISSUING CLASSIFICATION**

| <b>ORIGINAL</b>                     |  |  |  |                 |  |  |  | <b>CROSS REFERENCE(S)</b> |  |  |  |  |  |
|-------------------------------------|--|--|--|-----------------|--|--|--|---------------------------|--|--|--|--|--|
| <b>CLASS</b>                        |  |  |  | <b>SUBCLASS</b> |  |  |  | <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |  |  |  |  |
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| <b>INTERNATIONAL CLASSIFICATION</b> |  |  |  |                 |  |  |  |                           |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|  | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.<br><br><input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____<br><br><input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|  | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|  |  |             |            | Amount Due                        | Date Paid            |
|  | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |

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Form **PTO-436A**  
(Rev. 6/99)

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